

Fill in this information to identify the case:

Debtor Name Tri-State Paper, Inc.

United States Bankruptcy Court for the: Eastern District of Pennsylvania  
(State)

Case number (if known): 23-13237-pmm

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets — Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

## Part 1: Cash and cash equivalents

## 1. Does the debtor have any cash or cash equivalents?

- ☐ No. Go to Part 2.
- ☒ Yes. Fill in the information below.

## All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

## 2. Cash on hand

## 3. Checking, savings, money market, or financial brokerage accounts (Identify all)

Name of institution (bank or brokerage firm)	Type of account	Last 4 digits of account number	Current value of debtor's interest
3.1. <u>William Penn Bank</u>	<u>Checking account</u>	<u>0 6 4 5</u>	<u>\$2,937.05</u>
3.2. <u>Citizens Bank</u>	<u>Checking account</u>	<u>4 3 3 5</u>	<u>\$43,032.10</u>
3.3. <u>Citizens Bank</u>	<u>Checking account</u>	<u>5 7 5 9</u>	<u>\$9.77</u>
3.4. <u>Citizens Bank</u>	<u>Checking account</u>	<u>5 2 3 4</u>	<u>\$20,217.52</u>

## 4. Other cash equivalents (Identify all)

4.1 \_\_\_\_\_

4.2 \_\_\_\_\_

## 5. Total of Part 1

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$66,196.44**

## Part 2: Deposits and prepayments

## 6. Does the debtor have any deposits or prepayments?

- ☒ No. Go to Part 3.
- ☐ Yes. Fill in the information below.

Current value of debtor's interest

Debtor Tri-State Paper, Inc.

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Case number (if known) 23-13237-pmm**7. Deposits, including security deposits and utility deposits**

Description, including name of holder of deposit

7.1 \_\_\_\_\_

7.2 \_\_\_\_\_

**8. Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent**

Description, including name of holder of prepayment

8.1 \_\_\_\_\_

8.2 \_\_\_\_\_

**9. Total of Part 2**

Add lines 7 through 8. Copy the total to line 81.

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**Part 3:** Accounts receivable**10. Does the debtor have any accounts receivable?**☐ No. Go to Part 4.☒ Yes. Fill in the information below.Current value of  
debtor's interest**11. Accounts receivable**

11a. 90 days old or less:	<u>\$200,000.00</u>	-	<u>\$0.00</u>	=..... →	<u>\$200,000.00</u>
	face amount		doubtful or uncollectible accounts		

11b. Over 90 days old:	<u>\$500,000.00</u>	-	<u>\$200,000.00</u>	=..... →	<u>\$300,000.00</u>
	face amount		doubtful or uncollectible accounts		

**12. Total of Part 3**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

<u>\$500,000.00</u>
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**Part 4:** Investments**13. Does the debtor own any investments?**☒ No. Go to Part 5.☐ Yes. Fill in the information below.Valuation method used  
for current valueCurrent value of  
debtor's interest**14. Mutual funds or publicly traded stocks not included in Part 1**

Name of fund or stock:

14.1 \_\_\_\_\_

14.2 \_\_\_\_\_

**15. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including any interest in an LLC, partnership, or joint venture**

Name of entity:

% of

ownership:

15.1. \_\_\_\_\_

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15.2. \_\_\_\_\_

**16. Government bonds, corporate bonds, and other negotiable and non-negotiable instruments not included in Part 1**

Describe:

16.1. \_\_\_\_\_

16.2. \_\_\_\_\_

**17. Total of Part 4**

Add lines 14 through 16. Copy the total to line 83.

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**Part 5:** Inventory, excluding agriculture assets**18. Does the debtor own any inventory (excluding agriculture assets)?**☐ No. Go to Part 6.☒ Yes. Fill in the information below.

General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
<b>19. Raw materials</b>				
<u>Various paper products.</u>	<u>MM / DD / YYYY</u>	<u>unknown</u>	<u>estimate</u>	<u>\$250,000.00</u>
<b>20. Work in progress</b>				
<u> </u>	<u>MM / DD / YYYY</u>	<u> </u>	<u> </u>	<u> </u>
<b>21. Finished goods, including goods held for resale</b>				
<u> </u>	<u>MM / DD / YYYY</u>	<u> </u>	<u> </u>	<u> </u>
<b>22. Other inventory or supplies</b>				
<u> </u>	<u>MM / DD / YYYY</u>	<u> </u>	<u> </u>	<u> </u>
<b>23. Total of Part 5</b>				<u>\$250,000.00</u>

Add lines 19 through 22. Copy the total to line 84.

**24. Is any of the property listed in Part 5 perishable?**☒ No☐ Yes**25. Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☒ No☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_**26. Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6:** Farming and fishing-related assets (other than titled motor vehicles and land)

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## 27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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## 28. Crops—either planted or harvested

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29. Farm animals *Examples:* Livestock, poultry, farm-raised fish

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## 30. Farm machinery and equipment (Other than titled motor vehicles)

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## 31. Farm and fishing supplies, chemicals, and feed

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## 32. Other farming and fishing-related property not already listed in Part 6

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## 33. Total of Part 6

Add lines 28 through 32. Copy the total to line 85.

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## 34. Is the debtor a member of an agricultural cooperative?

- ☒ No
- ☐ Yes. Is any of the debtor's property stored at the cooperative?
- ☐ No
- ☐ Yes

## 35. Has any of the property listed in Part 6 been purchased within 20 days before the bankruptcy was filed?

- ☒ No
- ☐ Yes. Book value \_\_\_\_\_ Valuation method \_\_\_\_\_ Current value \_\_\_\_\_

## 36. Is a depreciation schedule available for any of the property listed in Part 6?

- ☒ No
- ☐ Yes

## 37. Has any of the property listed in Part 6 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 7:** Office furniture, fixtures, and equipment; and collectibles

## 38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes. Fill in the information below.

Debtor Tri-State Paper, Inc.  
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General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39. <b>Office furniture</b> <u>Various used furniture.</u>	<u>unknown</u>	<u>estimate</u>	<u>\$1,000.00</u>
40. <b>Office fixtures</b> _____	_____	_____	_____
41. <b>Office equipment, including all computer equipment and communication systems equipment and software</b> <u>Various used office equipment.</u>	<u>unknown</u>	<u>estimate</u>	<u>\$1,500.00</u>
42. <b>Collectibles</b> <i>Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles</i>			
42.1 _____	_____	_____	_____
42.2 _____	_____	_____	_____
42.3 _____	_____	_____	_____
43. <b>Total of Part 7</b> Add lines 39 through 42. Copy the total to line 86.			<u>\$2,500.00</u>
44. <b>Is a depreciation schedule available for any of the property listed in Part 7?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
45. <b>Has any of the property listed in Part 7 been appraised by a professional within the last year?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
<b>Part 8: Machinery, equipment, and vehicles</b>			
46. <b>Does the debtor own or lease any machinery, equipment, or vehicles?</b> <input type="checkbox"/> No. Go to Part 9. <input checked="" type="checkbox"/> Yes. Fill in the information below.			
General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. <b>Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles</b>			
47.1 <u>2013 Ford E150 / VIN: 1FTNE1EW3DDB11201</u>	<u>unknown</u>	<u>estimate</u>	<u>\$10,000.00</u>
47.2 <u>2020 Chevrolet Box Truck</u>	<u>unknown</u>	<u>estimate</u>	<u>\$40,000.00</u>
48. <b>Watercraft, trailers, motors, and related accessories</b> <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
48.1 _____	_____	_____	_____

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48.2 \_\_\_\_\_

49. **Aircraft and accessories**

49.1 \_\_\_\_\_

49.2 \_\_\_\_\_

50. **Other machinery, fixtures, and equipment (excluding farm machinery and equipment)**

\_\_\_\_\_

51. **Total of Part 8**

Add lines 47 through 50. Copy the total to line 87.

**\$50,000.00**52. **Is a depreciation schedule available for any of the property listed in Part 8?**☒ No☐ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9:** Real property54. **Does the debtor own or lease any real property?**☐ No. Go to Part 10.☒ Yes. Fill in the information below.55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest****Description and location of property**

Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building), if available.

**Nature and extent of debtor's interest in property****Net book value of debtor's interest**

(Where available)

**Valuation method used for current value****Current value of debtor's interest**55.1 4500-4520 N 3rd St Philadelphia, PA 19140-1502Fee SimpleunknownCity Assessment\$853,600.0055.2 2044 E Clementine St Philadelphia, PA 19134-3819Fee SimpleunknownCity Assessment\$115,000.0056. **Total of Part 9**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets. Copy the total to line 88.

**\$968,600.00**57. **Is a depreciation schedule available for any of the property listed in Part 9?**☒ No☐ Yes58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**☒ No☐ Yes**Part 10:** Intangibles and intellectual property

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## 59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.
- ☒ Yes. Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
<u>tri-statepaperco.com</u>	<u>unknown</u>	<u>estimate</u>	<u>\$8.00</u>
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
<u>Customer information database</u>	<u>unknown</u>	<u>estimate</u>	<u>\$2,000.00</u>
64. Other intangibles, or intellectual property			
65. Goodwill			
66. Total of Part 10			<u>\$2,008.00</u>

Add lines 60 through 65. Copy the total to line 89.

## 67. Do your lists or records include personally identifiable information of customers (as defined in 11 U.S.C. §§ 101(41A) and 107)?

- ☒ No
- ☐ Yes

## 68. Is there an amortization or other similar schedule available for any of the property listed in Part 10?

- ☒ No
- ☐ Yes

## 69. Has any of the property listed in Part 10 been appraised by a professional within the last year?

- ☒ No
- ☐ Yes

**Part 11:** All other assets

## 70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.
- ☒ Yes. Fill in the information below.

Current value of debtor's interest

Debtor Tri-State Paper, Inc.  
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Description (include name of obligor)

_____	_____	-	_____	= →	_____
	Total face amount		doubtful or uncollectible amount		

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

_____	Tax year _____	_____
_____	Tax year _____	_____
_____	Tax year _____	_____

73. **Interests in insurance policies or annuities**

_____	_____
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74. **Causes of action against third parties (whether or not a lawsuit has been filed)**

<u>Fraudulent transfer of funds by Tyquil Shoemake</u>	<u>\$18,900.00</u>
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Nature of claim	<u>Fraud</u>
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Amount requested	<u>\$18,900.00</u>
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<u>Fraudulent transfer of funds by Monika Ramirez</u>	<u>\$10,700.25</u>
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Nature of claim	<u>Fraud</u>
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Amount requested	<u>\$10,700.25</u>
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75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

<u>Unpaid portion of claim for loss disclosed on SOFA Line 10.1</u>	<u>\$580,000.00</u>
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Nature of claim	<u>Insurance Claim</u>
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Amount requested	<u>\$680,000.00</u>
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76. **Trusts, equitable or future interests in property**

_____	_____
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77. **Other property of any kind not already listed** Examples: Season tickets, country club membership

_____	_____
_____	_____

78. **Total of Part 11**

Add lines 71 through 77. Copy the total to line 90.

<u>\$609,600.25</u>
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79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**☒ No☐ Yes



Debtor Tri-State Paper, Inc.  
NameCase number (if known) 23-13237-pmm**Part 12:** Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1.</i>	<u>\$66,196.44</u>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<u></u>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<u>\$500,000.00</u>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<u></u>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<u>\$250,000.00</u>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<u></u>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<u>\$2,500.00</u>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<u>\$50,000.00</u>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.</i> ..... →		<u>\$968,600.00</u>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<u>\$2,008.00</u>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	+ <u>\$609,600.25</u>	
91. <b>Total.</b> <i>Add lines 80 through 90 for each column.</i> .....91a.	<u>\$1,480,304.69</u>	+ 91b. <u>\$968,600.00</u>
92. <b>Total of all property on Schedule A/B.</b> <i>Lines 91a + 91b = 92.</i> .....		<u>\$2,448,904.69</u>

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.  
 United States Bankruptcy Court for the: Eastern District of Pennsylvania  
 (State)  
 Case number (if known): 23-13237-pmm

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.  
☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim
---	--

2.1 Creditor's name

Citizens Bank, N.A.

Describe debtor's property that is subject to a lien

4500-4520 N 3rd St Philadelphia, PA 19140-1502

\$436,624.72

\$853,600.00

Creditor's mailing address

Attn: Bankruptcy

Describe the lien

Mortgage

1 Citizens Bank Way

Johnston, RI 02919-1922

Is the creditor an insider or related party?

- ☒ No  
☐ Yes

Creditor's email address, if known

\_\_\_\_\_

Is anyone else liable on this claim?

- ☒ No  
☐ Yes. Fill out Schedule H: Codebtors (Official Form 206H).

Date debt was incurred

\_\_\_\_\_

Last 4 digits of account number

\_\_\_\_

As of the petition filing date, the claim is:

Check all that apply.

- ☐ Contingent  
☒ Unliquidated  
☐ Disputed

Do multiple creditors have an interest in the same property?

- ☐ No  
☒ Yes. Specify each creditor, including this creditor, and its relative priority.

1) Citizens Bank, N.A.; 2) City of Philadelphia; 3) Pennsylvania Department of Revenue

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$473,833.82

**Value of collateral that supports this claim**

Debtor Tri-State Paper, Inc.  
Name

Case number (if known) 23-13237-pmm

<b>Part 1:</b> Additional Page	<i>Column A</i> <b>Amount of claim</b> <small>Do not deduct the value of collateral.</small>	<i>Column B</i> <b>Value of collateral that supports this claim</b>
<b>2.3 Creditor's name</b> <u>Pennsylvania Department of Revenue</u> <hr/> <b>Creditor's mailing address</b> <u>Bankruptcy Division</u> <hr/> <u>1 Revenue Pl</u> <hr/> <u>Harrisburg, PA 17129-0001</u> <hr/> <b>Creditor's email address, if known</b> <hr/> <b>Date debt was incurred</b> <u>09/15/2023</u> <hr/> <b>Last 4 digits of account number</b> <u>    </u> <u>    </u> <u>    </u> <u>    </u> <hr/> <b>Do multiple creditors have an interest in the same property?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Have you already specified the relative priority? <input type="checkbox"/> No. Specify each creditor, including this creditor, and its relative priority. _____ _____ <input checked="" type="checkbox"/> Yes. The relative priority of creditors is specified on lines <u>2.1</u>	<b>Describe debtor's property that is subject to a lien</b> <u>4500-4520 N 3rd St Philadelphia, PA 19140-1502</u> <hr/> <b>Describe the lien</b> <u>Business Taxes</u> <hr/> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes  <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out Schedule H: Codebtors (Official Form 206H).  <b>As of the petition filing date, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 auto; width: 100%;"> <b>\$14,534.58</b> </div> <div style="border-top: 1px solid black; border-bottom: 1px solid black; margin: 0 auto; width: 100%;"> <b>\$853,600.00</b> </div>

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm

☐ Check if this is an amended filing

## Official Form 206E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

#### Part 1: List All Creditors with PRIORITY Unsecured Claims

**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507)

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

**2.1** Priority creditor's name and mailing address

City of Philadelphia

Municipal Services Building

1401 John F Kennedy Blvd Fl 5

Philadelphia, PA 19102-1617

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Basis for the Claim:

\_\_\_\_\_

Is the claim subject to offset?

☒ No

☐ Yes

Total claim

Priority amount

\$88.85

\$88.85

**2.2** Priority creditor's name and mailing address

Pennsylvania Department of Revenue

Bankruptcy Division

1 Revenue Pl

Harrisburg, PA 17129-0001

Date or dates debt was incurred

\_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)

As of the petition filing date, the claim is:

Check all that apply.

☐ Contingent

☒ Unliquidated

☐ Disputed

Basis for the Claim:

\_\_\_\_\_

Taxes

\_\_\_\_\_

Is the claim subject to offset?

☒ No

☐ Yes

\$55,000.00

\$55,000.00

Debtor Tri-State Paper, Inc. Case number (if known) 23-13237-pmm  
Name

**Part 2:** List All Creditors with NONPRIORITY Unsecured Claims

**3. List in alphabetical order all of the creditors with nonpriority unsecured claims.** If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

**Amount of claim**

**3.1** Nonpriority creditor's name and mailing address

ABC Label & Pkg. Supplies Corp. Inc.

3708 Ironwood PI

Landover, MD 20785-2333

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**As of the petition filing date, the claim is:**

*Check all that apply.*

☐ Contingent

☒ Unliquidated

☐ Disputed

**Basis for the claim:** Goods Sold

**Is the claim subject to offset?**

☒ No

☐ Yes

unknown

**3.2** Nonpriority creditor's name and mailing address

Agio Group Inc.

26587 Corporate Ave

Hayward, CA 94545-3920

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**As of the petition filing date, the claim is:**

*Check all that apply.*

☐ Contingent

☒ Unliquidated

☐ Disputed

**Basis for the claim:** Goods Sold

**Is the claim subject to offset?**

☒ No

☐ Yes

unknown

**3.3** Nonpriority creditor's name and mailing address

Airgas USA, LLC

6055 Rockside Woods Blvd N

Independence, OH 44131-2301

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number 4 1 6 4

**As of the petition filing date, the claim is:**

*Check all that apply.*

☐ Contingent

☒ Unliquidated

☐ Disputed

**Basis for the claim:** Goods Sold

**Is the claim subject to offset?**

☒ No

☐ Yes

\$606.28

**3.4** Nonpriority creditor's name and mailing address

Amazon.com, Inc.

440 Terry Ave N

Seattle, WA 98109-5210

Date or dates debt was incurred \_\_\_\_\_

Last 4 digits of account number \_\_\_\_\_

**As of the petition filing date, the claim is:**

*Check all that apply.*

☐ Contingent

☒ Unliquidated

☐ Disputed

**Basis for the claim:** Goods Sold

**Is the claim subject to offset?**

☒ No

☐ Yes

unknown

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<p><b>3.5</b> Nonpriority creditor's name and mailing address</p> <p><u>Amerisan</u></p> <p><u>1 Chelsea Pkwy Ste 101-102</u></p> <p><u>Boothwyn, PA 19061-1307</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.6</b> Nonpriority creditor's name and mailing address</p> <p><u>Anchor Packaging LLC</u></p> <p><u>13515 Barrett Parkway Dr</u></p> <p><u>Ballwin, MO 63021-5806</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.7</b> Nonpriority creditor's name and mailing address</p> <p><u>Arrow Fastener Co., LLC</u></p> <p><u>271 Mayhill St</u></p> <p><u>Saddle Brook, NJ 07663-5303</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.8</b> Nonpriority creditor's name and mailing address</p> <p><u>Berk International, LLC</u></p> <p><u>400 E 2nd St</u></p> <p><u>Boyertown, PA 19512-1603</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$7,300.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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3.9	<b>Nonpriority creditor's name and mailing address</b> <u>Britevision VBG LLC</u> <u>100 Simplex Dr</u> <u>Westminster, MA 01473-1482</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.10	<b>Nonpriority creditor's name and mailing address</b> <u>Brown Paper Goods Co.</u> <u>3530 Birchwood Dr</u> <u>Waukegan, IL 60085-8334</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.11	<b>Nonpriority creditor's name and mailing address</b> <u>Bunzl Distribution USA, LLC</u> <u>1 Cityplace Dr Ste 200</u> <u>Saint Louis, MO 63141-7067</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.12	<b>Nonpriority creditor's name and mailing address</b> <u>Camden Bag &amp; Paper Co.</u> <u>200 Connecticut Dr</u> <u>Burlingtn Twp, NJ 08016-4106</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$25,749.23</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes



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<p><b>3.13</b> Nonpriority creditor's name and mailing address</p> <p><u>Carbonite</u></p> <p><u>2 Avenue De Lafayette</u></p> <p><u>Boston, MA 02111-1750</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Performed</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.14</b> Nonpriority creditor's name and mailing address</p> <p><u>Cartec Inc.</u></p> <p><u>106 Powder Mill Rd</u></p> <p><u>Collinsville, CT 06019-3547</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 0 0 2</u></p>	<p>As of the petition filing date, the claim is: <u>\$1,035.06</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.15</b> Nonpriority creditor's name and mailing address</p> <p><u>Cassidy Insurance Associates, Inc.</u></p> <p><u>407 E Lincoln Hwy</u></p> <p><u>Exton, PA 19341-2732</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Performed</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.16</b> Nonpriority creditor's name and mailing address</p> <p><u>Cee D., Inc.</u></p> <p><u>704 Ramsey Ave</u></p> <p><u>Hillside, NJ 07205-1034</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<p><b>3.17</b> Nonpriority creditor's name and mailing address</p> <p><u>Cellucap Manufacturing</u></p> <p><u>4626 N 15th St</u></p> <p><u>Philadelphia, PA 19140-1109</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.18</b> Nonpriority creditor's name and mailing address</p> <p><u>CleanCo Ventures Inc.</u></p> <p><u>1207 Delaware Ave # 1335</u></p> <p><u>Wilmington, DE 19806-4743</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.19</b> Nonpriority creditor's name and mailing address</p> <p><u>Comcast</u></p> <p><u>1701 John F Kennedy Blvd</u></p> <p><u>Philadelphia, PA 19103-2838</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Performed</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.20</b> Nonpriority creditor's name and mailing address</p> <p><u>Commercial Micro-Systems, Inc.</u></p> <p><u>3525 Old Conejo Rd Ste 110</u></p> <p><u>Newbury Park, CA 91320-2198</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>T 1 0 0</u></p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.21</b>	<b>Nonpriority creditor's name and mailing address</b> <u>CrystalWare LLC</u> <u>600 James St</u> <u>Lakewood, NJ 08701-4023</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$12,615.50</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.22</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Dart Container Corporation</u> <u>500 Hogsback Rd</u> <u>Mason, MI 48854-8523</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>2 4 5 0</u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,063.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.23</b>	<b>Nonpriority creditor's name and mailing address</b> <u>DOT Compliance Group LLC</u> <u>3180 Park Center Dr</u> <u>Tyler, TX 75701-8482</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$599.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Performed</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.24</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Dubin Paper Co.</u> <u>1910 S Columbus Blvd</u> <u>Philadelphia, PA 19148-2820</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.25</b> Nonpriority creditor's name and mailing address <u>Dynamite Pest Control</u> <u>279 S 52nd St</u> <u>Philadelphia, PA 19139-4108</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$135.00</u> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.26</b> Nonpriority creditor's name and mailing address <u>Ecopax</u> <u>3600 Glover Rd</u> <u>Easton, PA 18040-9203</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$32,203.59</u> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.27</b> Nonpriority creditor's name and mailing address <u>Edwards Councilor Company Inc.</u> <u>1427 Baker Rd</u> <u>Virginia Bch, VA 23455-3321</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>\$1,882.75</u> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Goods Sold</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.28</b> Nonpriority creditor's name and mailing address <u>Elevator Constuction &amp; Repair Co. Inc.</u> <u>2040 Bennett Rd</u> <u>Philadelphia, PA 19116-3020</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <u>unknown</u> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services Performed</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<b>3.29</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Elkay Plastics Co., Inc.</u> <u>6000 Sheila St</u> <u>Commerce, CA 90040-2405</u>  Date or dates debt was incurred <u>07/13/2023</u> Last 4 digits of account number <u>6 9 0 1</u>	<b>As of the petition filing date, the claim is:</b> <u>\$8,276.07</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.30</b>	<b>Nonpriority creditor's name and mailing address</b> <u>FancyHeat Corporation</u> <u>40 Veronica Ave</u> <u>Somerset, NJ 08873-3417</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>2 7 7 0</u>	<b>As of the petition filing date, the claim is:</b> <u>\$9,295.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.31</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Ferraro Foods</u> <u>287 S Randolphville Rd</u> <u>Piscataway, NJ 08854-3806</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$25,484.30</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.32</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Fineline Settings</u> <u>135 Crotty Rd Ste 1</u> <u>Middletown, NY 10941-4071</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>1 0 0 8</u>	<b>As of the petition filing date, the claim is:</b> <u>\$19,782.60</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.33</b> Nonpriority creditor's name and mailing address</p> <p><u>Freeport Paper Industries, Inc.</u></p> <p><u>120 Windsor Pl</u></p> <p><u>Central Islip, NY 11722-3331</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.34</b> Nonpriority creditor's name and mailing address</p> <p><u>General Plastics, Inc.</u></p> <p><u>2609 W Mill Rd</u></p> <p><u>Milwaukee, WI 53209-3211</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$2,848.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.35</b> Nonpriority creditor's name and mailing address</p> <p><u>Handy Wacks Corporation</u></p> <p><u>100 E Averill St</u></p> <p><u>Sparta, MI 49345-1516</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.36</b> Nonpriority creditor's name and mailing address</p> <p><u>HotPack Global</u></p> <p><u>5100 E La Palma Ave Ste 118</u></p> <p><u>Anaheim, CA 92807-2081</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$4,422.10</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<p><b>3.37</b> Nonpriority creditor's name and mailing address</p> <p><u>Iconex LLC</u></p> <p><u>3237 Satellite Blvd Ste 550</u></p> <p><u>Duluth, GA 30096-2305</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$10,762.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.38</b> Nonpriority creditor's name and mailing address</p> <p><u>Imperial Bag &amp; Paper Co LLC</u></p> <p><u>255 Route 1 &amp; 9</u></p> <p><u>Jersey City, NJ 07306</u></p> <p>Date or dates debt was incurred <u>05/24/2023</u></p> <p>Last 4 digits of account number <u>1 0 6 9</u></p>	<p>As of the petition filing date, the claim is: <u>\$50,812.69</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.39</b> Nonpriority creditor's name and mailing address</p> <p><u>Indigo Inc.</u></p> <p><u>600 Prospect Ave</u></p> <p><u>Piscataway, NJ 08854-1414</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.40</b> Nonpriority creditor's name and mailing address</p> <p><u>Inno-Pak</u></p> <p><u>100 Founders Ct</u></p> <p><u>Delaware, OH 43015-4460</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<p><b>3.41</b> Nonpriority creditor's name and mailing address</p> <p><u>Innovative Designs Inc.</u></p> <p><u>7490 30th Ave N</u></p> <p><u>Saint Petersburg, FL 33710-2304</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$19,782.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.42</b> Nonpriority creditor's name and mailing address</p> <p><u>Inopak LTD</u></p> <p><u>500 W Main St Ste 11</u></p> <p><u>Wyckoff, NJ 07481-1406</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.43</b> Nonpriority creditor's name and mailing address</p> <p><u>IPFS Corporation</u></p> <p><u>3522 Thomasville Rd Ste 400</u></p> <p><u>Tallahassee, FL 32309-3488</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Performed</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.44</b> Nonpriority creditor's name and mailing address</p> <p><u>Janico Inc.</u></p> <p><u>88 Industrial Ct</u></p> <p><u>Freehold, NJ 07728-8908</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>



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<p><b>3.45</b> Nonpriority creditor's name and mailing address</p> <p><u>Kari-Out Co.</u></p> <p><u>520 White Plains Rd Fl 6</u></p> <p><u>Tarrytown, NY 10591-5114</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.46</b> Nonpriority creditor's name and mailing address</p> <p><u>Kast Distributors Inc.</u></p> <p><u>424 Harding Hwy</u></p> <p><u>Penns Grove, NJ 08069-2254</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.47</b> Nonpriority creditor's name and mailing address</p> <p><u>Kerekes Bakery &amp; Rest. Equip. Inc.</u></p> <p><u>6103 15th Ave</u></p> <p><u>Brooklyn, NY 11219-5402</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.48</b> Nonpriority creditor's name and mailing address</p> <p><u>KIK Consumer Products</u></p> <p><u>6250 N River Rd Ste 6000</u></p> <p><u>Rosemont, IL 60018-4217</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$12,139.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.49</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Laminated Industries Inc.</u> <u>2000 Brunswick Ave</u> <u>Linden, NJ 07036-2400</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.50</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Master Supply Line, LLC</u> <u>49 S Poplar St</u> <u>Macungie, PA 18062-1335</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.51</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Mat-Pac, Inc.</u> <u>404 Candlewood Cmns</u> <u>Howell, NJ 07731-2171</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.52</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Metro Paper Industries Inc.</u> <u>695 W End Ave</u> <u>Carthage, NY 13619-1040</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.53</b> Nonpriority creditor's name and mailing address</p> <p><u>Midvale Paper Box Company, Inc.</u></p> <p><u>19 Bailey St</u></p> <p><u>Wilkes Barre, PA 18705-1907</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.54</b> Nonpriority creditor's name and mailing address</p> <p><u>Monarch Brands</u></p> <p><u>11350 Norcom Rd</u></p> <p><u>Philadelphia, PA 19154-2304</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$2,535.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.55</b> Nonpriority creditor's name and mailing address</p> <p><u>National Checking Company</u></p> <p><u>899 Montreal Way</u></p> <p><u>Saint Paul, MN 55102-4245</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2 8 9 0</u></p>	<p>As of the petition filing date, the claim is: <u>\$1,076.00</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.56</b> Nonpriority creditor's name and mailing address</p> <p><u>Nittany Paper Mills, LLC</u></p> <p><u>6395 State Route 103 N Bldg 5a</u></p> <p><u>Lewistown, PA 17044-7899</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.57</b>	<b>Nonpriority creditor's name and mailing address</b> <u>NorPak LLC</u> <u>70 Blanchard St</u> <u>Newark, NJ 07105-6819</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>5</u> <u>1</u> <u>6</u>	<b>As of the petition filing date, the claim is:</b> <u>\$17,539.39</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.58</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Oliver Fire Protection &amp; Security</u> <u>501 Feheley Dr</u> <u>Kng of Prussa, PA 19406-2611</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$4,715.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Performed</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.59</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Packaging Corporation of America</u> <u>1 N Field Ct</u> <u>Lake Forest, IL 60045-4810</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>\$138,968.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.60</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Paper Enterprises, Inc.</u> <u>c/o Euler Hermes N. A. Insurance Co.</u> <u>800 Red Brook Blvd # 400C</u> <u>Owings Mills, MD 21117-5173</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>2</u> <u>1</u> <u>0</u> <u>1</u>	<b>As of the petition filing date, the claim is:</b> <u>\$11,890.02</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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3.61	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><u>Penn Jersey Paper Co.</u></p> <p><u>9355 Blue Grass Rd</u></p> <p><u>Philadelphia, PA 19114-2311</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <u>\$70,872.99</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>Goods Sold</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.62	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><u>Placon Corporation</u></p> <p><u>6096 Mckee Rd</u></p> <p><u>Fitchburg, WI 53719-5103</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <u>\$9,241.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>Goods Sold</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.63	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><u>Plastirun Corporation</u></p> <p><u>c/o Euler Hermes N. A. Insurance Co.</u></p> <p><u>800 Red Brook Blvd # 400C</u></p> <p><u>Owings Mills, MD 21117-5173</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2 1 6 9</u></p>	<p><b>As of the petition filing date, the claim is:</b> <u>\$19,697.19</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>Goods Sold</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
3.64	<p><b>Nonpriority creditor's name and mailing address</b></p> <p><u>Poly Plastics Products of Pennsylvania Inc.</u></p> <p><u>PO Box 220</u></p> <p><u>Delano, PA 18220-0220</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p><b>As of the petition filing date, the claim is:</b> <u>\$10,005.81</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Basis for the claim:</b> <u>Goods Sold</u></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<p><b>3.65</b> Nonpriority creditor's name and mailing address</p> <p><u>PowWeb</u></p> <p><u>5335 Gate Pkwy</u></p> <p><u>Jacksonville, FL 32256-3070</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Services Performed</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.66</b> Nonpriority creditor's name and mailing address</p> <p><u>Primepak</u></p> <p><u>120 N State Rt 17 Ste 205</u></p> <p><u>Paramus, NJ 07652-2837</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.67</b> Nonpriority creditor's name and mailing address</p> <p><u>ProAmpac</u></p> <p><u>12025 Tricon Rd</u></p> <p><u>Cincinnati, OH 45246-1719</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.68</b> Nonpriority creditor's name and mailing address</p> <p><u>Pro-Stat, Inc.</u></p> <p><u>285 Pierce St</u></p> <p><u>Somerset, NJ 08873-1261</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$4,030.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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3.69	<b>Nonpriority creditor's name and mailing address</b> <u>Quality Carton and Converting, LLC</u> <u>175 Ward Hill Ave</u> <u>Bradford, MA 01835-6960</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.70	<b>Nonpriority creditor's name and mailing address</b> <u>Ridgway Industries, Inc.</u> <u>60 Walnut St # 4</u> <u>Marcus Hook, PA 19061</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>I S T A</u>	<b>As of the petition filing date, the claim is:</b> <u>\$1,998.15</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.71	<b>Nonpriority creditor's name and mailing address</b> <u>RJ Schinner Co., Inc.</u> <u>N89W14700 Patrita Dr</u> <u>Menomonee FIs, WI 53051-2365</u>  Date or dates debt was incurred <u>09/20/2023</u> Last 4 digits of account number <u>5 4 5 5</u>	<b>As of the petition filing date, the claim is:</b> <u>\$4,339.10</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.72	<b>Nonpriority creditor's name and mailing address</b> <u>Sam's West, Inc.</u> <u>2101 SE Simple Savings Dr</u> <u>Bentonville, AR 72712-4304</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.73</b> Nonpriority creditor's name and mailing address</p> <p><u>Samseng Tissue Co.</u></p> <p><u>122 Kissel Rd Ste 300</u></p> <p><u>Burlington, NJ 08016-4225</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$5,144.50</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.74</b> Nonpriority creditor's name and mailing address</p> <p><u>Sandt Products</u></p> <p><u>1828 William Penn Way Ste 102</u></p> <p><u>Lancaster, PA 17601-6703</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>2 0 2 3</u></p>	<p>As of the petition filing date, the claim is: <u>\$10,911.90</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.75</b> Nonpriority creditor's name and mailing address</p> <p><u>Sanfacon Virginia Inc.</u></p> <p><u>18097 US Highway 501</u></p> <p><u>PO Box 600</u></p> <p><u>Brookneal, VA 24528-0600</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.76</b> Nonpriority creditor's name and mailing address</p> <p><u>Screen Gems, Inc.</u></p> <p><u>2927 W Thompson St</u></p> <p><u>Philadelphia, PA 19121-4547</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p>Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>



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<b>3.77</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Shamrock Industries Sales</u> <u>774 Haunted Ln</u> <u>Bensalem, PA 19020</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
<b>3.78</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Sheppard Enterprises, Inc.</u> <u>571 Hollow Rd</u> <u>Phoenixville, PA 19460-1136</u>  Date or dates debt was incurred _____ Last 4 digits of account number <u>2 9 5 7</u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
<b>3.79</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Sherweb</u> <u>2915 Ogletown Rd # 1073</u> <u>Newark, DE 19713-1927</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Services Performed</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>
<b>3.80</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Shore Manufacturing</u> <u>2145 Dennis St Bldg 2</u> <u>Jacksonville, FL 32204-1805</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>unknown</u>

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<p><b>3.81</b> Nonpriority creditor's name and mailing address</p> <p><u>Sigma Plastics Group</u></p> <p><u>2919 Center Port Cir</u></p> <p><u>Pompano Beach, FL 33064-2105</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.82</b> Nonpriority creditor's name and mailing address</p> <p><u>Smart USA Inc.</u></p> <p><u>1440 5th Ave</u></p> <p><u>Bay Shore, NY 11706-4147</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>1 0 0 1</u></p>	<p>As of the petition filing date, the claim is: <u>\$14,338.00</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.83</b> Nonpriority creditor's name and mailing address</p> <p><u>Source Direct Inc.</u></p> <p><u>2200 Garry Rd Ste 3</u></p> <p><u>Cinnaminson, NJ 08077-2595</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$3,566.16</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.84</b> Nonpriority creditor's name and mailing address</p> <p><u>Southern Champion Tray L.P.</u></p> <p><u>220 Compress St</u></p> <p><u>Chattanooga, TN 37405-3724</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>6 3 9 2</u></p>	<p>As of the petition filing date, the claim is: <u>\$22,470.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.85</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Staples Inc.</u> <u>500 Staples Dr</u> <u>Framingham, MA 01702-4478</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.86</b>	<b>Nonpriority creditor's name and mailing address</b> <u>Sysco Corporation</u> <u>1390 Enclave Pkwy</u> <u>Houston, TX 77077-2025</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.87</b>	<b>Nonpriority creditor's name and mailing address</b> <u>The Ocala Group</u> <u>1981 Marcus Ave</u> <u>New Hyde Park, NY 11042-2060</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
<b>3.88</b>	<b>Nonpriority creditor's name and mailing address</b> <u>The Restaurant Store, LLC</u> <u>2209 Old Philadelphia Pike</u> <u>Lancaster, PA 17602-3416</u>  Date or dates debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <u>unknown</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>Goods Sold</u> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

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<p><b>3.89</b> Nonpriority creditor's name and mailing address</p> <p><u>Uni-Kem Chemicals Inc.</u></p> <p><u>802 William Leigh Dr Ste 19</u></p> <p><u>Tullytown, PA 19007-6306</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.90</b> Nonpriority creditor's name and mailing address</p> <p><u>United Packaging Supply</u></p> <p><u>102 Wharton Rd</u></p> <p><u>Bristol, PA 19007-1622</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.91</b> Nonpriority creditor's name and mailing address</p> <p><u>Universal Distribution LLC</u></p> <p><u>96 Distribution Blvd</u></p> <p><u>Edison, NJ 08817-6006</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.92</b> Nonpriority creditor's name and mailing address</p> <p><u>Wellcare International Inc.</u></p> <p><u>1578 Sussex Tpke</u></p> <p><u>Randolph, NJ 07869-1833</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>\$24,065.50</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<p><b>3.93</b> Nonpriority creditor's name and mailing address</p> <p><u>Western Plastics</u></p> <p><u>41573 Dendy Pkwy</u></p> <p><u>Temecula, CA 92590-3757</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.94</b> Nonpriority creditor's name and mailing address</p> <p><u>Westrock</u></p> <p><u>3950 Shackleford Rd</u></p> <p><u>Duluth, GA 30096-1858</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number <u>8 2 8 2</u></p>	<p>As of the petition filing date, the claim is: <u>\$9,734.66</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.95</b> Nonpriority creditor's name and mailing address</p> <p><u>X-L Plastics Inc.</u></p> <p><u>220 Clifton Blvd</u></p> <p><u>Clifton, NJ 07011-3645</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p><b>3.96</b> Nonpriority creditor's name and mailing address</p> <p><u>Yespac, Inc.</u></p> <p><u>260 Centennial Ave</u></p> <p><u>Piscataway, NJ 08854-2947</u></p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p>	<p>As of the petition filing date, the claim is: <u>unknown</u></p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: <u>Goods Sold</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

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<b>3.97</b>	<b>Nonpriority creditor's name and mailing address</b>	<b>As of the petition filing date, the claim is:</b>	<u>unknown</u>
	<u>Zep Inc.</u>	<i>Check all that apply.</i>	
	<u>600 Galleria Pkwy SE Ste 1500</u>	<input type="checkbox"/> Contingent	
	<u>Atlanta, GA 30339-5910</u>	<input checked="" type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
		<b>Basis for the claim:</b>	<u>Goods Sold</u>
	<b>Date or dates debt was incurred</b> _____	<b>Is the claim subject to offset?</b>	
	<b>Last 4 digits of account number</b> _____	<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

Debtor Tri-State Paper, Inc.  
Name

Case number (if known) 23-13237-pmm

**Part 4:** Total Amounts of the Priority and Nonpriority Unsecured Claims

**5. Add the amounts of priority and nonpriority unsecured claims.**

**Total of claim amounts**

5a. **Total claims from Part 1** 5a. \$55,088.85

5b. **Total claims from Part 2** 5b. **+** \$633,932.54

5c. **Total of Parts 1 and 2** 5c. \$689,021.39  
Lines 5a + 5b = 5c.

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm Chapter 11

☐ Check if this is an amended filing

## Official Form 206G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

#### 2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1	State what the contract or lease is for and the nature of the debtor's interest	<u>Truck Lease</u> <u>Contract to be REJECTED</u>	<u>Penske Truck Leasing Co., L.P.</u> <u>2675 Morgantown Rd</u> <u>Reading, PA 19607-9676</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract		
2.2	State what the contract or lease is for and the nature of the debtor's interest	<u>Computer Services</u> <u>Contract to be REJECTED</u>	<u>CGPC Solutions</u> <u>430 Fairmount Ave</u> <u>Philadelphia, PA 19123-2868</u>
	State the term remaining	<u>0 months</u>	
	List the contract number of any government contract		
2.3	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		
2.4	State what the contract or lease is for and the nature of the debtor's interest		
	State the term remaining		
	List the contract number of any government contract		



Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the: Eastern District of Pennsylvania  
(State)

Case number (If known): 23-13237-pmm

☐ Check if this is an amended filing

## Official Form 206H

### Schedule H: Codebtors

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Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

- ☒ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.
- ☐ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, **Schedules D-G**. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.1	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	
2.2	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	
2.3	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	
2.4	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	
2.5	<div>Street</div> <div>City State ZIP Code</div>	<div></div> <div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>	

Debtor Tri-State Paper, Inc. Case number (if known) 23-13237-pmm  
Name

Additional Page if Debtor Has More Codebtors

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page.

Column 1: Codebtor		Column 2: Creditor	
Name	Mailing address	Name	Check all schedules that apply:
2.6	<div>Street</div> <div></div> <div>CityStateZIP Code</div>	<div></div>	<div><input type="checkbox"/> D</div> <div><input type="checkbox"/> E/F</div> <div><input type="checkbox"/> G</div>

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm Chapter 11

☐ Check if this is an amended filing

## Official Form 206Sum

# Summary of Assets and Liabilities for Non-Individuals

12/15

### Part 1: Summary of Assets

#### 1. **Schedule A/B: Assets—Real and Personal Property** (Official Form 206A/B)

##### 1a. Real Property:

Copy line 88 from *Schedule A/B*.....

\$968,600.00

##### 1b. Total personal property:

Copy line 91A from *Schedule A/B*.....

\$1,480,304.69

##### 1c. Total of all property:

Copy line 92 from *Schedule A/B*.....

\$2,448,904.69

### Part 2: Summary of Liabilities

#### 2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*.....

\$473,833.82

#### 3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

##### 3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*.....

\$55,088.85

##### 3b. Total amount of claims of non-priority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*.....

**+** \$633,932.54

#### 4. Total liabilities.....

Lines 2 + 3a + 3b

\$1,162,855.21

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:

Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm

☐ Check if this is an amended filing

## Official Form 202

### Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

#### Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *A Summary of Assets and Liabilities for Non-Individuals* (Official Form 206A-Summary)
- ☐ *Amended Schedule* \_\_\_\_\_
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/20/2023  
MM/ DD/ YYYY

X

/s/ John Petaccio

Signature of individual signing on behalf of debtor

John Petaccio

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name Tri-State Paper, Inc.

United States Bankruptcy Court for the:  
Eastern District of Pennsylvania

Case number (if known): 23-13237-pmm

☐ Check if this is an amended filing

## Official Form 207

# Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy 04/22

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

### Part 1: Income

#### 1. Gross revenue from business

☐ None

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

#### Sources of revenue

Check all that apply

#### Gross revenue

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date  
MM/ DD/ YYYY

☒ Operating a business

\$3,653,530 (est.)

☐ Other

\$0.00

For prior year:

From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

\$5,875,115.00

☐ Other

For the year before that:

From 01/01/2021 to 12/31/2021  
MM/ DD/ YYYY MM/ DD/ YYYY

☒ Operating a business

\$6,297,777.00

☐ Other

#### 2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None

#### Description of sources of revenue

#### Gross revenue from each source

(before deductions and exclusions)

From the beginning of the fiscal year to filing date:

From 01/01/2023 to Filing date  
MM/ DD/ YYYY

For prior year:

From 01/01/2022 to 12/31/2022  
MM/ DD/ YYYY MM/ DD/ YYYY

For the year before that:

From 01/01/2021 to 12/31/2021  
MM/ DD/ YYYY MM/ DD/ YYYY

**Part 2:** List Certain Transfers Made Before Filing for Bankruptcy

**3. Certain payments or transfers to creditors within 90 days before filing this case**

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None

Creditor's name and address	Dates	Total amount or value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <u>Camden Bag &amp; Paper Co.</u> Creditor's name <u>200 Connecticut Dr</u> Street  <u>Burlington, NJ 08016-4106</u> City State ZIP Code	<u>10/11/2023</u>  <u>09/28/2023</u>  <u>09/11/2023</u>  <u>09/06/2023</u>  <u>09/05/2023</u>  <u>09/01/2023</u>	<u>\$35,111.35</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.2. <u>Capital One Financial Corp.</u> Creditor's name <u>1680 Capital One Dr</u> Street <u>Attn: Bankruptcy</u>  <u>McLean, VA 22102-3407</u> City State ZIP Code	<u>10/18/2023</u>  <u>9/26/2023</u>  <u>8/21/2023</u>  <u>8/3/2023</u>	<u>\$18,065.60</u>	<input type="checkbox"/> Secured debt <input checked="" type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.3. <u>Citizens Bank N.A.</u> Creditor's name <u>JCA115</u> Street <u>1 Citizens Bank Way</u>  <u>Johnston, RI 02919-1922</u> City State ZIP Code	<u>08/19/2023</u>	<u>\$10,000.00</u>	<input checked="" type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.4. <u>Emerald Professional Protection Products</u> Creditor's name <u>285 Pierce St</u> Street  <u>Somerset, NJ 08873-1261</u> City State ZIP Code	<u>09/05/2023</u>	<u>\$21,110.00</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____
3.5. <u>Ferraro Foods</u> Creditor's name <u>287 S Randolphville Rd</u> Street  <u>Piscataway, NJ 08854-3806</u> City State ZIP Code	<u>10/09/2023</u>  <u>10/04/2023</u>  <u>10/02/2023</u>  <u>09/27/2023</u>  <u>09/08/2023</u>  <u>8/28/2023</u>	<u>\$28,328.20</u>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input checked="" type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

<p>3.6. <u>Imperial Bag &amp; Paper Co LLC</u>  Creditor's name  <u>255 Route 1 &amp; 9</u>  Street    <u>Jersey City, NJ 07306</u>  City State ZIP Code    <u>09/18/2023</u></p>	<p><u>10/05/2023</u>    <u>09/29/2023</u>    <u>09/22/2023</u>    <u>09/21/2023</u></p>	<p><u>\$18,354.51</u></p>	<p><input type="checkbox"/> Secured debt  <input type="checkbox"/> Unsecured loan repayments  <input checked="" type="checkbox"/> Suppliers or vendors  <input type="checkbox"/> Services  <input type="checkbox"/> Other _____</p>
<p>3.7. <u>Penn Jersey Paper Co.</u>  Creditor's name  <u>9355 Blue Grass Rd</u>  Street    <u>Philadelphia, PA 19114-2311</u>  City State ZIP Code</p>	<p><u>10/04/2023</u>    <u>09/15/2023</u>    <u>09/05/2023</u>    <u>08/16/2023</u></p>	<p><u>\$48,424.39</u></p>	<p><input type="checkbox"/> Secured debt  <input type="checkbox"/> Unsecured loan repayments  <input checked="" type="checkbox"/> Suppliers or vendors  <input type="checkbox"/> Services  <input type="checkbox"/> Other _____</p>
<p>3.8. <u>Penske Truck Leasing Co., L.P.</u>  Creditor's name  <u>2675 Morgantown Rd</u>  Street    <u>Reading, PA 19607-9676</u>  City State ZIP Code</p>	<p><u>09/12/2023</u>    <u>08/15/2023</u></p>	<p><u>\$15,902.98</u></p>	<p><input type="checkbox"/> Secured debt  <input type="checkbox"/> Unsecured loan repayments  <input type="checkbox"/> Suppliers or vendors  <input type="checkbox"/> Services  <input checked="" type="checkbox"/> Other <u>Truck Lease</u></p>
<p>3.9. <u>Plastirun Corporation</u>  Creditor's name  <u>c/o Euler Hermes N.A. Insurance Co.</u>  Street  <u>800 Red Brook Blvd # 400C</u>    <u>Owings Mills, MD 21117-5173</u>  City State ZIP Code</p>	<p><u>9/29/2023</u>    <u>9/22/2023</u></p>	<p><u>\$11,079.64</u></p>	<p><input type="checkbox"/> Secured debt  <input type="checkbox"/> Unsecured loan repayments  <input checked="" type="checkbox"/> Suppliers or vendors  <input type="checkbox"/> Services  <input type="checkbox"/> Other _____</p>
<p>3.10. <u>Pro-Stat, Inc.</u>  Creditor's name  <u>285 Pierce St</u>  Street    <u>Somerset, NJ 08873-1261</u>  City State ZIP Code</p>	<p><u>10/04/2023</u>    <u>09/01/2023</u></p>	<p><u>\$18,740.00</u></p>	<p><input type="checkbox"/> Secured debt  <input type="checkbox"/> Unsecured loan repayments  <input checked="" type="checkbox"/> Suppliers or vendors  <input type="checkbox"/> Services  <input type="checkbox"/> Other _____</p>
<p>3.11. <u>Ridgway Industries, Inc.</u>  Creditor's name  <u>60 Walnut St # 4</u>  Street    <u>Marcus Hook, PA 19061</u>  City State ZIP Code</p>	<p><u>08/16/2023</u>    <u>08/09/2023</u></p>	<p><u>\$10,142.15</u></p>	<p><input type="checkbox"/> Secured debt  <input type="checkbox"/> Unsecured loan repayments  <input checked="" type="checkbox"/> Suppliers or vendors  <input type="checkbox"/> Services  <input type="checkbox"/> Other _____</p>
<p>3.12. <u>Sheppard Enterprises, Inc.</u>  Creditor's name  <u>571 Hollow Rd</u>  Street    <u>Phoenixville, PA 19460-1136</u>  City State ZIP Code</p>	<p><u>10/9/2023</u>    <u>9/14/2023</u>    <u>8/15/2023</u></p>	<p><u>\$18,012.55</u></p>	<p><input type="checkbox"/> Secured debt  <input type="checkbox"/> Unsecured loan repayments  <input checked="" type="checkbox"/> Suppliers or vendors  <input type="checkbox"/> Services  <input type="checkbox"/> Other _____</p>

3.13.

United Financial Casualty Co.

10/3/2023

\$15,447.76

Creditor's name

6300 Wilson Mills Rd

9/6/2023

Street

Cleveland, OH 44143-2109

City

State

ZIP Code

- ☐ Secured debt
 ☐ Unsecured loan repayments
 ☐ Suppliers or vendors
 ☒ Services
 ☐ Other

3.14.

Westrock

08/17/2023

\$17,675.64

Creditor's name

3950 Shackleford Rd

Street

Duluth, GA 30096-1858

City

State

ZIP Code

- ☐ Secured debt
 ☐ Unsecured loan repayments
 ☒ Suppliers or vendors
 ☐ Services
 ☐ Other

4.

Payments or other transfers of property made within 1 year before filing this case that benefited any insider

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or co-signed by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$7,575. (This amount may be adjusted on 4/01/25 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☐ None

Insider's name and address	Dates	Total amount or value	Reasons for payment or transfer
<div>4.1.</div> <div>John Petaccio</div> <div>Creditor's name</div> <div>149 E Church St</div> <div>Street</div> <div></div> <div>Blackwood, NJ 08012-3904</div> <div>City</div> <div>State</div> <div>ZIP Code</div> <div>Relationship to debtor</div> <div>President</div>	10/23/2023	\$2,195.46	Expense Reimbursement (Discover Card)

5.

Repossessions, foreclosures, and returns

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☒ None

Creditor's name and address	Description of the property	Date	Value of property
<div>5.1.</div> <div></div> <div>Creditor's name</div> <div></div> <div>Street</div> <div></div> <div></div> <div>City</div> <div>State</div> <div>ZIP Code</div>			



6. Setoffs

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
6.1. _____ Creditor's name _____ Street _____ City State ZIP Code	XXXX- _ _ _ _	_____	_____

Part 3: Legal Actions or Assignments

7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None

Case title	Nature of case	Court or agency's name and address	Status of case
7.1. Citizens Bank, N.A. v. Debtor	Mortgage Foreclosure	Philadelphia Court of Common Pleas Name 1400 John F Kennedy Blvd Street Philadelphia, PA 19107-3200 City State ZIP Code	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number 231001237			

8. Assignments and receivership

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

Custodian's name and address	Description of the property	Value
8.1. _____ Custodian's name _____ Street _____ City State ZIP Code	_____ Case title _____ Case number _____ Date of order or assignment _____	_____ Court name and address _____ Name _____ Street _____ City State ZIP Code

Part 4: Certain Gifts and Charitable Contributions

9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000

☒ None

9.1.	Recipient's name and address	Description of the gifts or contributions	Dates given	Value
	Recipient's name			
	Street			
	City	State	ZIP Code	
	Recipient's relationship to debtor			

Part 5: Certain Losses

10. All losses from fire, theft, or other casualty within 1 year before filing this case.

☐ None

	Description of the property lost and how the loss occurred	Amount of payments received for the loss If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.  List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).	Date of loss	Value of property lost
10.1.	Extensive water damage to 4500 N 3rd St from a storm, which caused damage to the building, lost income, and lost inventory.	\$100,000 received from insurance company on 10/19/2023	09/11/2023	\$680,000.00

Part 6: Certain Payments or Transfers

11. Payments related to bankruptcy

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None

11.1.	Who was paid or who received the transfer?	If not money, describe any property transferred	Dates	Total amount or value
	Cibik Law, P.C.	Attorney's Fee and Cost	10/20/2023	\$40,000.00
	Address			
	1500 Walnut Street Suite 900			
	Street			
	Philadelphia, PA 19102			
	City	State	ZIP Code	
	Email or website address			
	mail@cibiklaw.com			
	Who made the payment, if not debtor?			

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None

12.1.	Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
	Trustee			

**13. Transfers not already listed on this statement**

List any transfers of money or other property—by sale, trade, or any other means—made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☒ None

13.1.	Who received the transfer?	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
	Address			
	Street			
	City	State	ZIP Code	
	Relationship to debtor			

**Part 7: Previous Locations**

**14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

14.1.	Address	Dates of occupancy
	Street	From _____ To _____
	City	State ZIP Code

**Part 8:** Health Care Bankruptcies

**15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:  
—diagnosing or treating injury, deformity, or disease, or  
—providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
15.1. _____ Facility name  _____ Street  _____ City State ZIP Code	_____  <b>Location where patient records are maintained</b> (if different from facility address). If electronic, identify any service provider. _____ _____	_____  <b>How are records kept?</b> <i>Check all that apply:</i> <input type="checkbox"/> Electronically <input type="checkbox"/> Paper

**Part 9:** Personally Identifiable Information

**16. Does the debtor collect and retain personally identifiable information of customers?**

☒ No.

☐ Yes. State the nature of the information collected and retained. \_\_\_\_\_

Does the debtor have a privacy policy about that information?

☐ No

☐ Yes

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b) or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

☒ No. Go to Part 10.

☐ Yes. Does the debtor serve as plan administrator?

☐ No. Go to Part 10.

☐ Yes. Fill in below:

Name of plan	Employer identification number of the plan
_____	EIN: _ _ - _ _ _ _ _
Has the plan been terminated?	
<input type="checkbox"/> No	
<input type="checkbox"/> Yes	

**Part 10:** Certain Financial Accounts, Safe Deposit Boxes, and Storage Units

**18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☒ None

Financial institution name and address	Last 4 digits of account number	Type of account	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer

18.1

XXXX- - - - -

☐Checking

☐Savings

☐Money market

☐Brokerage

☐Other

Name

Street

City

State

ZIP Code

19. Safe deposit boxes

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒None

19.1

Depository institution name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div><div><div><div>Name</div><div>Street</div><div></div><div>City</div><div>State</div><div>ZIP Code</div></div></div></div>	<div><div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div></div></div>	<div><div><input type="checkbox"/>No</div><div><input type="checkbox"/>Yes</div></div>
	<div>Address</div>		

20. Off-premises storage

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒None

20.1

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
<div><div><div><div>Name</div><div>Street</div><div></div><div>City</div><div>State</div><div>ZIP Code</div></div></div></div>	<div><div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div></div></div>	<div><div><input type="checkbox"/>No</div><div><input type="checkbox"/>Yes</div></div>
	<div>Address</div>		

Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own

21. Property held for another

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒None

Owner's name and address	Location of the property	Description of the property	Value
<div><div><div><div>Name</div><div>Street</div><div></div><div>City</div><div>State</div><div>ZIP Code</div></div></div></div>	<div><div><div></div><div></div><div></div></div></div>	<div><div><div></div><div></div><div></div></div></div>	<div><div><div></div></div></div>

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

page 9

**Part 12:** Details About Environmental Information

For the purpose of Part 12, the following definitions apply:

- *Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).
- *Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.
- *Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

☒ No

☐ Yes. Provide details below.

Case title	Court or agency name and address	Nature of the case	Status of case
_____	_____	_____	<input type="checkbox"/> Pending
<b>Case number</b>	Name _____	_____	<input type="checkbox"/> On appeal
_____	Street _____	_____	<input type="checkbox"/> Concluded
	_____	_____	
	City _____ State _____ ZIP Code _____	_____	

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name _____	Name _____	_____	
_____	_____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

☒ No

☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
_____	_____	_____	_____
Name _____	Name _____	_____	
_____	_____	_____	
Street _____	Street _____	_____	
_____	_____	_____	
City _____ State _____ ZIP Code _____	City _____ State _____ ZIP Code _____	_____	

**Part 13:** Details About the Debtor's Business or Connections to Any Business

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

☒ None

Business name and address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.
25.1. _____ Name  _____ Street  _____ City State ZIP Code	_____     	EIN: ____ - ____ - ____  Dates business existed From _____ To _____

**26. Books, records, and financial statements**

26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.

☒ None

Name and address	Dates of service
26a.1. _____ Name  _____ Street  _____ City State ZIP Code	From _____ To _____

26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.

☒ None

Name and address	Dates of service
26b.1. _____ Name  _____ Street  _____ City State ZIP Code	From _____ To _____

26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.

☒ None

**Name and address**

**If any books of account and records are unavailable, explain why**

26c.1.

Name

Street

City

State

ZIP Code

- 26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None

**Name and address**

26d.1.

Name

Street

City

State

ZIP Code

**27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No

☐ Yes. Give the details about the two most recent inventories.

**Name of the person who supervised the taking of the inventory**

**Date of inventory**

**The dollar amount and basis (cost, market, or other basis) of each inventory**

**Name and address of the person who has possession of inventory records**

27.1.

Name

Street

City

State

ZIP Code

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

**Name**

**Address**

**Position and nature of any interest**

**% of interest, if any**

John Petaccio

149 E Church St Blackwood, NJ 08012-3904

President, Common Stock

100.00%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☐ No

☒ Yes. Identify below.

**Name**

**Address**

**Position and nature of any interest**

**Period during which position or interest was held**



Justino Petaccio, Sr.

Deceased

President, Common Stock

From 09/03/2021

To 04/09/2023

30. Payments, distributions, or withdrawals credited or given to insiders

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

- ☐ No
- ☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.1. John Petaccio

Name

149 E Church St

Street

Blackwood, NJ 08012-3904

City

State

ZIP Code

See Continuation Sheet

Various

Compensation

Relationship to debtor

President (Since 04/09/2023)

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.2. Justino Petaccio, Sr.

Name

Deceased

Street

City

State

ZIP Code

\$850.00

03/15/2023

Compensation

\$2,000.00

01/20/2023

\$2,000.00

01/06/2023

\$2,000.00

12/23/2022

\$1,500.00

12/16/2022

Relationship to debtor

President (Until 04/09/2023)

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
-------------------------------	--	-------	--------------------------------

30.3. John Petaccio

Name

149 E Church St

Street

Blackwood, NJ 08012-3904

City

State

ZIP Code

\$15,000 (Fulton Bank)

10/24/2023

Payment on

\$3,027 (Westlake Financial)

10/24/2023

Personal Vehicle

\$1,000 (Teachers FCU)

10/12/2023

Loans

\$1,000 (Teachers FCU)

09/12/2023

\$3,000 (Fulton Bank)

07/31/2023

Relationship to debtor

President

\$1,005 (Westlake Financial)

05/09/2023

\$1,005 (Westlake Financial)

03/21/2023

\$1,005 (Westlake Financial)

01/05/2023

\$1,005 (Westlake Financial)

11/18/2022

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No

☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

EIN: \_ \_ - \_ \_ \_ \_ \_

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

☒ No

☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

EIN: \_ \_ - \_ \_ \_ \_ \_

Part 14: Signature and Declaration

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/20/2023  
MM/ DD/ YYYY

**X** /s/ John Petaccio  
Signature of individual signing on behalf of the debtor

Printed name John Petaccio

Position or relationship to debtor President

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

☐ No

☒ Yes

**Tri-State Paper, Inc. — Case No. 23-13237-pmm**  
**Statement of Financial Affairs Continuation Sheet for Line 30**

- 30.1 The following payments were made to John Petaccio within 1 year before filing this case.  
The aggregate amount of all payments is \$217,230.70.

<b>Date</b>	<b>Amount</b>	<b>Date</b>	<b>Amount</b>	<b>Date</b>	<b>Amount</b>
11/04/2022	\$3,000.00	03/31/2023	\$3,000.00	07/14/2023	\$3,000.00
11/11/2022	\$1,000.00	03/24/2023	\$3,846.15	07/14/2023	\$3,000.00
11/11/2022	\$3,000.00	04/07/2023	\$3,000.00	07/21/2023	\$3,000.00
11/18/2022	\$3,000.00	04/14/2023	\$3,000.00	07/14/2023	\$3,846.15
11/23/2022	\$3,000.00	04/07/2023	\$3,846.15	07/28/2023	\$3,000.00
12/09/2022	\$3,000.00	04/21/2023	\$3,000.00	08/04/2023	\$3,000.00
12/16/2022	\$3,000.00	04/27/2023	\$3,000.00	07/28/2023	\$3,846.15
12/23/2022	\$3,000.00	04/21/2023	\$3,846.15	08/19/2023	\$3,000.00
12/30/2022	\$3,000.00	05/05/2023	\$3,000.00	08/11/2023	\$3,846.15
01/06/2023	\$3,000.00	05/11/2023	\$3,000.00	08/25/2023	\$3,000.00
01/14/2023	\$3,000.00	05/05/2023	\$3,846.15	09/01/2023	\$3,000.00
01/20/2023	\$3,000.00	05/19/2023	\$3,000.00	08/25/2023	\$3,846.15
01/27/2023	\$3,000.00	05/26/2023	\$3,000.00	09/15/2023	\$3,000.00
02/04/2023	\$3,000.00	05/19/2023	\$3,846.15	09/08/2023	\$3,846.15
02/10/2023	\$3,000.00	06/02/2023	\$3,000.00	09/22/2023	\$3,000.00
02/10/2023	\$3,846.15	06/09/2023	\$3,000.00	09/29/2023	\$3,000.00
02/24/2023	\$3,000.00	06/02/2023	\$3,846.15	09/22/2023	\$3,846.15
03/03/2023	\$3,000.00	06/16/2023	\$3,000.00	10/06/2023	\$3,000.00
02/24/2023	\$3,846.15	06/23/2023	\$3,000.00	10/13/2023	\$3,000.00
03/10/2023	\$3,000.00	06/16/2023	\$3,846.15	10/06/2023	\$3,846.15
03/17/2023	\$3,000.00	06/30/2023	\$3,000.00	10/20/2023	\$3,000.00
03/10/2023	\$3,846.15	07/07/2023	\$3,000.00	10/27/2023	\$3,000.00
03/24/2023	\$3,000.00	06/30/2023	\$3,846.15		

**United States Bankruptcy Court  
Eastern District of Pennsylvania**

In re:

Tri-State Paper, Inc.,  
Debtor.

Case No. 23-13237-pmm

Chapter 11

**Disclosure of Compensation of Attorney for Debtor**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. R. Bankr. P. 2016(b), I certify that I am the proposed attorney for the above-named debtor and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor in contemplation of or in connection with the bankruptcy case is as follows:

Prior to the filing of this statement I have received..... \$40,000.00

Balance due .....\$0.00

2. Notwithstanding the balance due listed above, additional compensation may be paid to me if approved by the court upon application after notice and opportunity for hearing.
3. Debtor was the source of the compensation paid to me.
4. Debtor is the source of compensation to be paid to me.
5. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
6. In return for the above-disclosed fee, I have agreed to render legal services for the debtor as set forth in the application to employ and the attached retainer agreement.

**Certification**

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor in this bankruptcy proceeding.

Date: October 27, 2023

/s/ Michael A. Cibik  
Michael A. Cibik (#23110)  
Cibik Law, P.C.  
1500 Walnut Street, Suite 900  
Philadelphia, PA 19102  
215-735-1060  
mail@cibiklaw.com



**Cibik Law, P.C.**  
1500 Walnut Street, Suite 900  
Philadelphia, PA 19102  
215-735-1060  
mail@cibiklaw.com

October 20, 2023

Mr. John Petaccio  
Tri-State Paper, Inc.  
4500 N 3rd Street  
Philadelphia, PA 19140

Re: *Bankruptcy Representation*

Dear Mr. Petaccio:

We are honored that you have selected us to represent Tri-State Paper, Inc. as insolvency and bankruptcy counsel. Our objective is to provide high quality legal services to our clients at a fair and reasonable cost. This letter agreement outlines the basis upon which we will provide legal services to you, and confirms our understanding with respect to payment of legal fees, costs and expenses incurred in conjunction with such representation.

1. **Scope of Services; Client Duties.** You are hiring us as attorneys to represent Tri-State Paper, Inc. as bankruptcy counsel in a Chapter 11 case. We will keep you informed of the progress of your case and respond to your inquiries. You agree to be truthful with us, to cooperate, to keep us informed of any developments, to abide by this Agreement, to pay our bills, and to keep us advised of your current contact information.

2. **Retainer.** For us to begin our representation, we require a retainer in the amount of \$40,000.00, which includes the \$1,738.00 filing fee. This retainer will be deposited in our attorney trust account but we may draw on it, up to its full amount, as and when we deem appropriate, subject to Court approval of post-petition fees. You agree to advance additional retainers as requested. If any portion of the amount paid is deemed not earned when paid, you grant us an attorney's lien on such funds to the extent of our fees and costs. Any unused portion of the retainer at the conclusion of our representation will be refunded to you or the party who advanced it. All payments must be in the form of a cashier's or treasurer's check or money order. Personal checks are not accepted.

3. **Legal Fees and Billing Practices.** The Code of Professional Responsibility of the American Bar Association suggests that professional fees reflect a number of factors, including the number of attorney hours incurred, the relative experience of the attorney(s) performing the services, the difficulty of the matter, and the results obtained for the client. Our professional fees are usually determined by multiplying the actual number of hours incurred by the hourly billing rate. However, in accordance with the Code of Professional Responsibility, we reserve the right, subject to Court approval, to make upward or downward adjustments to these hourly determinations as may be appropriate given the circumstances. From time to time, our hourly billing rates will change. We will notify you of any changes in the firm's hourly rate structure. The minimum billing unit is one-tenth of an hour, and services will be recorded and billed in one-tenth of an hour increments.

We will charge you for all activities undertaken in providing legal services to you under this Agreement, including but not limited to the following: conferences, including preparation and participation; preparation and review of correspondence, e-mail and other documents; legal research and analysis; court and other appearances, including preparation and participation; and

Mr. John Petaccio  
October 20, 2023  
Page 2

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communications, including communications with you, other attorneys or persons involved with this matter, governmental agencies and any other party or person contact with whom is advisable for our representation. The legal personnel assigned to this matter may confer among themselves about the matter, as required. When they do confer, each will charge for the time expended. If more than one of our legal personnel attends a meeting, court hearing or other proceeding, each will charge for the time spent only if it is necessary in our judgment to have two or more personnel at the meeting, hearing or proceeding. We charge for waiting and travel time, both local and out of town.

Currently our hourly rates range from \$200 per hour for paralegals/legal assistants to \$750 for our most senior lawyers. As a senior attorney in the Firm, my hourly rate is presently \$750. The hourly rate for associate attorney Michael Assad is \$350. You agree to pay our fees and costs based upon our then prevailing hourly rates and charges at the time the services are rendered.

You hereby authorize the secure destruction of your file five years after it is closed, and agree that we shall have no liability for destroying any records, documents, or exhibits still in its possession and relating to this matter at the end of five years. All future work for you in other matters will be handled in accordance with this Agreement at our regular hourly rates unless otherwise agreed upon.

4. **Costs and Other Charges.** We will incur various costs and expenses in the normal course of performing legal services under this Agreement. Costs and expenses commonly include filing and recordation fees, court reporters' fees, computer legal research, messenger and other delivery services, postage, parking and other local travel expenses, telecopying, photocopying and other reproduction costs. You agree to pay transportation, meals, lodging and all other costs of any necessary travel by our personnel. You will be charged the hourly rates for the time we spend traveling, both local and out of town. You also agree to pay for charges such as expert witness fees, title insurance fees, consultant and investigator fees, and the like. Photocopying is currently billed at \$0.25 per page and motor travel at \$0.75 per mile. The Chapter 11 filing fee is \$1,738.00, which will be paid as part of the initial retainer.

5. **Billing Statements.** We will send you statements indicating fees and costs incurred and their basis, any amounts applied from the retainer, and any current balance owed. The billing statement will list the professionals who worked on your matter for that billing period with their hourly billing rates. Should you have any questions concerning any statement, we encourage you to discuss them with us so that we may have an opportunity to resolve any misunderstandings in a mutually agreeable manner. Statements are due on receipt. If a statement or fee award is not paid within 30 days of billing, late fees shall accrue on the unpaid balance at the rate of one percent (1%) per month. If legal action is taken to recover any amounts due under this Agreement, you agree to pay all our costs of collection, and an attorney's fees of one-third of the total amount due, even if the proceeding is brought by a member of the Firm on the Firm's behalf.

6. **Chapter 11 Filing.** The ultimate fees to be awarded the Firm for its representation of Client in the Chapter 11 case must be approved by the Bankruptcy Court. Interim applications for compensation and reimbursement of expenses will be filed by the Firm with the Bankruptcy Court to obtain authorization for further payment. Generally, interim applications are made on a quarterly basis, but may be submitted more or less often. You agree to pay any award of compensation upon the entry of a Court order authorizing such award.

Mr. John Petaccio  
October 20, 2023  
Page 3

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You agree that you shall perform fully and conscientiously all the statutory duties of the Debtor and Debtor in Possession under the Bankruptcy Code and shall timely comply with all reasonable requests for information or reports by the U.S. Trustee, any Creditor's Committee, and the Firm. These duties include, but are not limited to, gathering and reviewing all of the information necessary for filing a complete and accurate list of all assets, creditors, a schedule of executory contracts and unexpired leases, the Statement of Financial Affairs, and the Statement of Current Income and Expenses. Client acknowledges having received a Questionnaire assisting the Firm in completing such documents, and agrees to timely, completely, and accurately complete the Questionnaire.

7. **Discharge and Withdrawal.** You may discharge us at any time and, once your case is filed, we may withdraw from your representation only after approval by the Court. Reasons for our withdrawal include, but are not limited to, your breach of this Agreement, your failure to pay our bills as they become due, your refusal to cooperate with us or follow our advice on a material matter, or any fact or circumstance that would render our continuing representation of you unlawful, unethical or impracticable.

When our services conclude, all unpaid charges will immediately become due and payable. At such time, we will, upon written request, deliver your file to you along with any funds or property of yours in our possession. The work product produced in the course of our representation will remain our property. Upon cessation of our active involvement in any particular matter, even if we continue to represent you in other matters, we will have no duty to inform you of future developments, deadlines or changes in the law.

8. **Disclaimer of Guarantee; Risks.** Nothing in this Agreement should be construed as a promise or guarantee about the outcome of any matter that we are handling on your behalf. Our comments about the outcome of matters pertaining to you are expressions of opinion only. There are risks in filing for bankruptcy, including the possible liquidation or loss of property. You also understand that the bankruptcy law is subject to different interpretations and that there are inherent risks in how Courts will apply various provisions. In a Chapter 11 case you cannot dismiss your case without prior Court approval, and the case can be converted to Chapter 7 without your approval.

9. **Entire Agreement.** This letter contains all of the terms of the agreement between us applicable to our representation and may not be modified except by a written agreement signed by both of us. There are no promises, terms, conditions or obligations applicable to our representation hereunder, except as expressly set forth in this Agreement, and the terms hereof supersede any previous oral or written agreements between us with respect to our representation hereunder.

10. **Effective Date.** Please confirm that this letter accurately reflects our agreement, and that you understand and waive any potential conflicts of interest, by signing the duplicate copy of this Agreement and returning it to us along with your retainer amount stated above. The representation covered by this Agreement commences only upon the receipt by this office of such items.

If you have any questions concerning the provisions of this Agreement, please do not hesitate to call me. We look forward to the privilege of working with you.

Mr. John Petaccio  
October 20, 2023  
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Very truly yours,

CIBIK LAW, P.C.

By:   
Michael A. Cibik, Esq.

UNDERSTOOD AND AGREED TO:

/s/ John Petaccio  
Tri-State Paper, Inc.  
By: John Petaccio, President

October 20, 2023  
Date